



**CITY OF TUCSON**  
**OFFICE OF THE CITY CLERK**  
**CAMPAIGN FINANCE ADMINISTRATION REPORT**  
**RECEIPT**



Primary Election – August 27, 2013  
 General Election – November 5, 2013

**NAME OF COMMITTEE FILING REPORT**

For Southern Arizona Business PAC  
 (Name of Political Committee)  
 for \_\_\_\_\_ who is a candidate for the office  
 (Name of Candidate, when applicable)  
 of \_\_\_\_\_ Political Party \_\_\_\_\_ ID # 09-157-CT

**OR**

**CANDIDATE \$500 THRESHOLD EXCEPTION STATEMENT**

for \_\_\_\_\_  
 (Name of Candidate)  
 who is a Candidate for the Office of \_\_\_\_\_  
 Political Party \_\_\_\_\_ ID# \_\_\_\_\_

- ☐ Political Committee Statement of Organization # \_\_\_\_\_ ☐ Original or  
☐ Request for Public Matching Funds Contract# \_\_\_\_\_ (PMF Candidates Only) ☐ Amended

**CAMPAIGN FINANCE REPORT:**

- ☐ a. Statement Establishing Eligibility – **PMF Candidates Only**  
☐ b. Consolidated City/State Campaign Finance Report (Filed on or before January 23, 2013)  
☐ c. Consolidated City/State Campaign Finance Report (Filed on or before July 1, 2013)  
☒ d. Consolidated City/State Pre – Primary Report (Filed on or before August 23, 2013)  
☐ e. City Post – Primary Report (Filed on or before September 6, 2013) – **PMF Candidates Only**  
☐ f. State Post – Primary Election Report (Filed on or before September 26, 2013)  
☐ g. Consolidated City/State Pre – General Election Report (Filed on or before November 1, 2013)  
☐ h. City Post – General Election Report (Filed on or before November 15, 2013) – **PMF Candidates Only**  
☐ i. State Post – General Election Report (Filed on or before December 5, 2013)  
☐ Termination Statement (Final report must be included if not previously filed)  
☐ Political Committee No Activity Statement (Report date of: \_\_\_\_\_)  
☐ Other \_\_\_\_\_

\_\_\_\_\_  
 Signature Deputy City Clerk

Date: 8/19/13

CITY OF TUCSON  
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OFFICE OF THE  
CITY CLERK

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169120  
01/15/2013



**POLITICAL COMMITTEE  
STATE OF ARIZONA  
CAMPAIGN FINANCE REPORT**

For Office Use Only  
**CITY OF TUCSON**

**1. Southern Arizona Business PAC**

Full Name of Committee

465 W. St. Mary's Road

Address

Tucson

85701

792-2250

City

Zip Code

Phone Number

**2. Tucson Metropolitan Chamber of Commerce**

Sponsoring Organization and Office

Name of Candidate and Office Sought (if applicable)

swilka@tucson chamber.org

882-5704

E-Mail Address

Fax #

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3. ID#

OFFICE OF THE  
CITY CLERK

**4. REPORTING PERIOD** (Please check appropriate box)

**FILING DEADLINE**

- ☐ January 31 Report — For Period of  
November 29, 2011 through December 31, 2012 ..... January 31, 2013
- ☐ June 30 Report — For Period of  
January 1, 2013 through May 31, 2013 ..... \*July 1, 2013
- ☒ Pre-Primary Election Report — For Period of  
June 1, 2013 through August 15, 2013 ..... August 23, 2013
- ☐ Post-Primary Election Report — For Period of  
August 16, 2013 through September 16, 2013 ..... September 26, 2013
- ☐ Pre-General Election Report — For Period of  
September 17, 2013 through October 24, 2013 ..... November 1, 2013
- ☐ Post-General Election Report — For Period of  
October 25, 2013 through November 25, 2013 ..... December 5, 2013
- ☐ January 31, 2015 Report — For Period of  
November 26, 2013 through December 31, 2014 ..... \*February 2, 2015

<b>5. SUMMARY</b>	<b>Column A</b> Total This Reporting Period	<b>Column B</b> Election Period To Date
5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)	\$ 8,149.82	\$ 8,149.82
5b Cash on Hand at Beginning of this Reporting Period	\$ 8,149.82	\$ 8,149.82
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	\$ 109.06	\$ 109.06
5d Subtotal (add Lines [b] and [c] for Column A and add lines [a] and [c] for Column B)	\$ 8,258.88	\$ 8,258.88
6a Total Debts and Obligations from Previous Campaign Committee at beginning of the Election Period (or at time Statement of Organization was filed for the new committee) (Do not add or subtract this line from the other lines)		
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	\$ 1,000.00	\$ 1,000.00
7. Cash on Hand at Close of Reporting Period (Subtract Line 6b from Line 5d - Column A must equal Column B)	\$ 7,258.88	\$ 7,258.88

\*Per A.R.S. §16-916(D) if the date for filing any Campaign Finance Report is a Saturday, a Sunday or another legal holiday, the filing deadline is the next day that is not a Saturday, a Sunday, or another legal holiday.

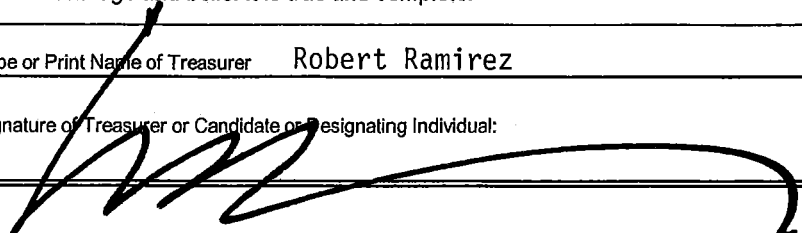
# **DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS**

1. Committee Name Southern Arizona Business PAC

3. ID# 09-157-CT

2. Report Covering Period From 6/1/13

Thru 8/15/13

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$50 (Total from Schedule A)		
(b) Individuals - aggregate \$50 or less (Total from Schedule A-1)	\$ 100.00	\$ 100.00
(c) Political Committees (Total from Schedule B)		
(d) <b>Subtotal Contributions [add 4(a), 4(b) and 4(c)]</b>	\$ 100.00	\$ 100.00
(e) Refund of Contributions (Total from Schedule F-2)		
(f) <b>Total contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]</b>		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		
(b) All other loans (Total from Schedule C-1)		
(c) <b>Total loans [add 5(a) and 5(b)]</b>		
6. In-kind contributions (Total from Schedule E)		
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)	\$ 9.06	\$ 9.06
8. <b>TOTAL Receipts [add 4(f), 5(c), 6, and 7]</b>	\$109.06	\$ 109.06
<b>DISBURSEMENTS</b>		
9. Expenditures for Operating Expenses (Total from Schedule D)		
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)		
12. Loans made by reporting committee (Total from Schedule D-2)		
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)		
(b) Repayment of all other loans (Total from Schedule D-5)		
(c) <b>Total Loan Repayments [add 13(a) and 13(b)]</b>		
14. Transfers to other political committees (Total from Schedule D-6)		
15. Any other disbursement (Total from Schedule D-7)	\$1000.00	\$1000.00
16. <b>Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]</b>		
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. <b>TOTAL disbursements [ subtract line 17 from line 16]</b>	\$1000.00	\$1000.00
19. Total Outstanding Debts owed by Reporting Candidate or Political Comm. (Schedule F-3)		
20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.		
Type or Print Name of Treasurer <u>Robert Ramirez</u>		
Signature of Treasurer or Candidate or Designating Individual: 		
Date <u>08/19/2013</u>		

**CONTRIBUTIONS FROM INDIVIDUALS\***  
**(More than \$50)\***

**SCHEDULE A**

1. Committee Name \_\_\_\_\_ 3. ID # \_\_\_\_\_

2. Report Covering Period from \_\_\_\_\_ thru \_\_\_\_\_

4. CONTRIBUTIONS		DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR				
a.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
b.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
c.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
d.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
e.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
5.	<b>ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A</b> [If last page of Schedule A, transfer total to Detailed Summary Page line 4(a), Column A]			

\*If contributions of \$50 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.



# CONTRIBUTIONS FROM POLITICAL COMMITTEES

# SCHEDULE B

1. Committee Name \_\_\_\_\_

3. ID# \_\_\_\_\_

2. Report Covering Period from: \_\_\_\_\_ thru \_\_\_\_\_

CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE			
ID#, NAME, AND ADDRESS OF CONTRIBUTOR AND DATE RECEIVED						
a.	<table border="1"> <tr> <td>ID #</td> <td rowspan="2">NAME, ADDRESS, CITY, STATE AND ZIP</td> </tr> <tr> <td>DATE RECEIVED</td> </tr> </table>	ID #	NAME, ADDRESS, CITY, STATE AND ZIP	DATE RECEIVED		
ID #	NAME, ADDRESS, CITY, STATE AND ZIP					
DATE RECEIVED						
b.	<table border="1"> <tr> <td>ID #</td> <td rowspan="2">NAME, ADDRESS, CITY, STATE AND ZIP</td> </tr> <tr> <td>DATE RECEIVED</td> </tr> </table>	ID #	NAME, ADDRESS, CITY, STATE AND ZIP	DATE RECEIVED		
ID #	NAME, ADDRESS, CITY, STATE AND ZIP					
DATE RECEIVED						
c.	<table border="1"> <tr> <td>ID #</td> <td rowspan="2">NAME, ADDRESS, CITY, STATE AND ZIP</td> </tr> <tr> <td>DATE RECEIVED</td> </tr> </table>	ID #	NAME, ADDRESS, CITY, STATE AND ZIP	DATE RECEIVED		
ID #	NAME, ADDRESS, CITY, STATE AND ZIP					
DATE RECEIVED						
d.	<table border="1"> <tr> <td>ID #</td> <td rowspan="2">NAME, ADDRESS, CITY, STATE AND ZIP</td> </tr> <tr> <td>DATE RECEIVED</td> </tr> </table>	ID #	NAME, ADDRESS, CITY, STATE AND ZIP	DATE RECEIVED		
ID #	NAME, ADDRESS, CITY, STATE AND ZIP					
DATE RECEIVED						
e.	<table border="1"> <tr> <td>ID #</td> <td rowspan="2">NAME, ADDRESS, CITY, STATE AND ZIP</td> </tr> <tr> <td>DATE RECEIVED</td> </tr> </table>	ID #	NAME, ADDRESS, CITY, STATE AND ZIP	DATE RECEIVED		
ID #	NAME, ADDRESS, CITY, STATE AND ZIP					
DATE RECEIVED						
f.	<table border="1"> <tr> <td>ID #</td> <td rowspan="2">NAME, ADDRESS, CITY, STATE AND ZIP</td> </tr> <tr> <td>DATE RECEIVED</td> </tr> </table>	ID #	NAME, ADDRESS, CITY, STATE AND ZIP	DATE RECEIVED		
ID #	NAME, ADDRESS, CITY, STATE AND ZIP					
DATE RECEIVED						
g.	<table border="1"> <tr> <td>ID #</td> <td rowspan="2">NAME, ADDRESS, CITY, STATE AND ZIP</td> </tr> <tr> <td>DATE RECEIVED</td> </tr> </table>	ID #	NAME, ADDRESS, CITY, STATE AND ZIP	DATE RECEIVED		
ID #	NAME, ADDRESS, CITY, STATE AND ZIP					
DATE RECEIVED						
h.	<table border="1"> <tr> <td>ID #</td> <td rowspan="2">NAME, ADDRESS, CITY, STATE AND ZIP</td> </tr> <tr> <td>DATE RECEIVED</td> </tr> </table>	ID #	NAME, ADDRESS, CITY, STATE AND ZIP	DATE RECEIVED		
ID #	NAME, ADDRESS, CITY, STATE AND ZIP					
DATE RECEIVED						
i.	<table border="1"> <tr> <td>ID #</td> <td rowspan="2">NAME, ADDRESS, CITY, STATE AND ZIP</td> </tr> <tr> <td>DATE RECEIVED</td> </tr> </table>	ID #	NAME, ADDRESS, CITY, STATE AND ZIP	DATE RECEIVED		
ID #	NAME, ADDRESS, CITY, STATE AND ZIP					
DATE RECEIVED						
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B (If last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A)					

# CANDIDATE LOANS

# SCHEDULE C

1. Committee Name \_\_\_\_\_

3. ID # \_\_\_\_\_

2. Report Covering Period from \_\_\_\_\_ thru \_\_\_\_\_

4.	LOANS MADE OR GUARANTEED BY CANDIDATE	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
b.	NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
c.	NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
d.	NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
e.	NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
f.	NAME, ADDRESS, CITY, STATE AND ZIP			
	DESCRIPTION			
5.	ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C (If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A)			

## OTHER LOANS

## SCHEDULE C1

1. Committee Name \_\_\_\_\_

3. ID # \_\_\_\_\_

2. Report Covering Period from \_\_\_\_\_ thru \_\_\_\_\_

4.	ALL OTHER LOANS	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.			
a.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION			
b.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION			
c.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION			
d.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID#			
	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(b), Column A]			



## EXPENDITURES FOR OPERATING EXPENSES\*

## SCHEDULE D

1. Committee Name \_\_\_\_\_

2. ID# \_\_\_\_\_

3. Report Covering Period from: \_\_\_\_\_ thru \_\_\_\_\_

EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
b.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
c.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
e.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D (If last page of Schedule D, transfer total to Detailed Summary Page, Line 9, Column A)		

\*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit.

## INDEPENDENT EXPENDITURES \*

## SCHEDULE D-1

1. Committee Name \_\_\_\_\_
2. Report Covering Period from \_\_\_\_\_ thru \_\_\_\_\_

3. ID# \_\_\_\_\_

INDEPENDENT EXPENDITURES			DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED				
a.	NAME, ADDRESS, CITY, STATE AND ZIP			
	PURPOSE AND DESCRIPTION OF PURCHASE <span style="float: right;">Benefited <input type="checkbox"/> Opposed <input type="checkbox"/></span>			
	CANDIDATE	OFFICE SOUGHT YEAR OF ELECTION		
b.	NAME, ADDRESS, CITY, STATE AND ZIP			
	PURPOSE AND DESCRIPTION OF PURCHASE <span style="float: right;">Benefited <input type="checkbox"/> Opposed <input type="checkbox"/></span>			
	CANDIDATE	OFFICE SOUGHT YEAR OF ELECTION		
c.	NAME, ADDRESS, CITY, STATE AND ZIP			
	PURPOSE AND DESCRIPTION OF PURCHASE <span style="float: right;">Benefited <input type="checkbox"/> Opposed <input type="checkbox"/></span>			
	CANDIDATE	OFFICE SOUGHT YEAR OF ELECTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page, Line 10, Column A]			

\* SEE A.R.S. STATUTE 16-901(14)

I certify, under penalty of perjury, that the above stated independent expenditure(s) was not made in cooperation, consultation or concert with or at the request or suggestion of any candidate or any campaign committee or agent of that candidate.

Signature of Treasurer \_\_\_\_\_

NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTORS WITHIN THE LAST SIX MONTHS	AMOUNT

# LOANS MADE BY REPORTING COMMITTEE

# SCHEDULE D-2

1. Committee Name \_\_\_\_\_

3. ID# \_\_\_\_\_

2. Report Covering Period from \_\_\_\_\_ thru \_\_\_\_\_

LOANS MADE BY REPORTING COMMITTEE		DATE LOAN MADE	AMOUNT OF THE LOAN
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE			
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
g.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
h.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [If last page of Schedule D-2, transfer total to Detailed Summary Page, Line 12, Column A]			

# OFFSETS TO OPERATING EXPENSES\*

# SCHEDULE D-3

1. Committee Name \_\_\_\_\_

2. ID# \_\_\_\_\_

3. Report Covering Period from: \_\_\_\_\_ thru \_\_\_\_\_

4. REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES		DATE REFUND RECEIVED	AMOUNT OF THE REFUND
NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED			
a.	NAME, ADDRESS, CITY, STATE AND ZIP   DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE AND ZIP   DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE AND ZIP   DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE AND ZIP   DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE AND ZIP   DESCRIPTION OF REFUND		
f.	NAME, ADDRESS, CITY, STATE AND ZIP   DESCRIPTION OF REFUND		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [If last page of Schedule D-3, transfer total to Detailed Summary Page, Line 17, Column A]			

\* Includes return of contributions made by reporting committee.

# REPAYMENT OF CANDIDATE LOANS

# SCHEDULE D-4

1. Committee Name \_\_\_\_\_

2. ID# \_\_\_\_\_

3. Report Covering Period from: \_\_\_\_\_ thru \_\_\_\_\_

4. REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE		DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE			
a.	NAME, ADDRESS, CITY, STATE AND ZIP		
b.	NAME, ADDRESS, CITY, STATE AND ZIP		
c.	NAME, ADDRESS, CITY, STATE AND ZIP		
d.	NAME, ADDRESS, CITY, STATE AND ZIP		
e.	NAME, ADDRESS, CITY, STATE AND ZIP		
f.	NAME, ADDRESS, CITY, STATE AND ZIP		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detailed Summary Page, Line 13(a), Column A]			

# REPAYMENT OF ALL OTHER LOANS

# SCHEDULE D-5

1. Committee Name \_\_\_\_\_

2. ID# \_\_\_\_\_

3. Report Covering Period from: \_\_\_\_\_ thru \_\_\_\_\_

4.	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT MADE	AMOUNT OF THE REPAYMENT
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-5 [Transfer total to Detailed Summary Page, Line 13(b), Column A]		

# TRANSFERS TO OTHER POLITICAL COMMITTEES

# SCHEDULE D-6

1. Committee Name \_\_\_\_\_ 2. ID# \_\_\_\_\_
3. Report Covering Period from \_\_\_\_\_ thru \_\_\_\_\_

4.	TRANSFERS MADE BY THE REPORTING COMMITTEE	DATE TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME, ADDRESS AND ID# TO WHOM TRANSFER (DISBURSEMENT) WAS MADE		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [If last page of Schedule D-6, transfer total to Detailed Summary Page, Line 14, Column A]		

# ANY OTHER DISBURSEMENTS

# SCHEDULE D-7

1. Committee Name Southern Arizona Business PAC 2. ID# 09-157-CT
3. Report Covering Period from 6/1/13 thru 8/15/13

ANY OTHER DISBURSEMENTS		DATE	AMOUNT
NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION		DISBURSEMENT MADE	OF THE DISBURSEMENT
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Buehler Garcia for Tucson (13-217-CT) PO Box 44253 Tucson, AZ 85733 DESCRIPTION Contribution to Campaign	6/13/13	\$ 500.00
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Fimbres for Council (13-213-CT) PO Box 26823 Tucson, AZ 85726 DESCRIPTION Contribution to Campaign	6/13/13	\$ 500.00
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page, Line 15, Column A]		\$ 1000.00



# IN-KIND CONTRIBUTIONS AND EXPENDITURES

# SCHEDULE E

1. Committee Name \_\_\_\_\_

2. ID # \_\_\_\_\_

3. Report Covering Period from: \_\_\_\_\_ thru \_\_\_\_\_

IN-KIND CONTRIBUTIONS AND EXPENDITURES		DATE	FAIR MARKET VALUE
NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN			
a.	<div> <div>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div> <div>CONTRIBUTION <input type="checkbox"/></div> <div>EXPENDITURE <input type="checkbox"/></div> </div> </div> <div>DESCRIPTION</div> <div> <div>OCCUPATION</div> <div>EMPLOYER</div> </div>		
b.	<div> <div>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div> <div>CONTRIBUTION <input type="checkbox"/></div> <div>EXPENDITURE <input type="checkbox"/></div> </div> </div> <div>DESCRIPTION</div> <div> <div>OCCUPATION</div> <div>EMPLOYER</div> </div>		
c.	<div> <div>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div> <div>CONTRIBUTION <input type="checkbox"/></div> <div>EXPENDITURE <input type="checkbox"/></div> </div> </div> <div>DESCRIPTION</div> <div> <div>OCCUPATION</div> <div>EMPLOYER</div> </div>		
d.	<div> <div>NAME, ADDRESS, CITY, STATE, ZIP AND ID#</div> <div> <div>CONTRIBUTION <input type="checkbox"/></div> <div>EXPENDITURE <input type="checkbox"/></div> </div> </div> <div>DESCRIPTION</div> <div> <div>OCCUPATION</div> <div>EMPLOYER</div> </div>		
5.	ENTER TOTAL OF IN-KIND CONTRIBUTIONS ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page, Line 6, Column A]		
6.	ENTER TOTAL OF IN-KIND EXPENDITURES ONLY IF LAST PAGE OF SCHEDULE E [If last page of Schedule E, transfer total to Detailed Summary Page, Line 11, Column A]		

**DIVIDENDS, INTEREST AND OTHER RECEIPTS**

**SCHEDULE F-1**

1. Committee Name Southern Arizona Business PAC

2. ID# 09-157-CT

3. Report Covering Period from: 6/1/13 thru 8/15/13

DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS		DATE RECEIVED	AMOUNT OF THE RECEIPT
4.	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED		
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# Bank of Tucson 4400 E. Broadway Tucson, AZ 85711	7/30/13	\$ 9.06
	DESCRIPTION OF RECEIPT Interest		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page, Line 7, Column A]		\$ 9.06

# OFFSETS TO CONTRIBUTIONS RECEIVED\*

# SCHEDULE F-2

1. Committee Name \_\_\_\_\_

2. ID # \_\_\_\_\_

3. Report Covering Period from: \_\_\_\_\_ thru \_\_\_\_\_

REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED		DATE REFUND MADE	AMOUNT OF THE REFUND
NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE			
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION OF REFUND		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION OF REFUND		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION OF REFUND		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION OF REFUND		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION OF REFUND		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#  DESCRIPTION OF REFUND		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 [If last page of Schedule F-2, transfer total to Detailed Summary Page, Line 4(e), Column A]			

\* Includes return of contributions received by reporting committee .

# DEBTS AND OBLIGATIONS (Excluding Loans)

# SCHEDULE F-3

1. Committee Name \_\_\_\_\_

2. ID# \_\_\_\_\_

3. Report Covering Period from: \_\_\_\_\_ thru \_\_\_\_\_

DEBTS AND OBLIGATIONS		OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED					
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
5.	ENTER TOTAL OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ONLY IF LAST PAGE OF SCHEDULE F-3 [If last page of F-3, transfer total to Detailed Summary Page, Line 19, Column A]				